

Oakfield (Easton Maudit) Limited

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Inspection report

Easton Maudit
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Oakfield (Easton Maudit) provides care for up to 18 people who have a range of needs including learning disabilities. It is situated in the rural area of Easton Maudit, close to Wellingborough. On the day of our visit, there were 18 people living in the service.

Our inspection took place on 9 March 2016. At the last inspection in February 2014, the provider was meeting the regulations we looked at.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report potential abuse. However, systems in place were not always followed which meant that appropriate action was not always taken to keep people safe from abuse or neglect. Potential service user on service user safeguarding incidents had not been reported to the relevant external agencies.

Staff were supported through a system of induction and on-going training, based on the needs of the people who lived at the service. However, they did not always receive regular supervisions which meant they were not always provided with consistent and formal support and there was not an accurate record of any areas discussed. Although there were systems in place in respect of the Mental Capacity Act 2005 (MCA) these were not always used appropriately which meant that the service did not consistently follow the legal requirements outlined in the MCA 2005.

Quality monitoring systems and processes were not always used as effectively as they could be to ensure that they were meaningful and that action was taken to make improvements when required. Audits checks and satisfaction surveys had been completed but there had been no attempt to analyse or have oversight of the outcome of these in order to drive future improvement.

People felt safe living in the service and showed through their actions that they were relaxed in the presence of the staff that supported them. Risk assessments within people's care records were completed and reviewed. Staff understood how to manage risks to promote people's safety, and balanced these against people's rights to take risks. Staff were not allowed to commence employment until robust checks had taken place in order to establish that they were safe to work with people. There were adequate numbers of staff on duty to support people safely and ensure people had opportunities to take part in activities of their choice. Medicines were managed safely and the systems and processes in place ensured that the administration, storage, disposal and handling of medicines were suitable for the people who lived at the service.

People received a good choice of meals and were able to get snacks and fluids throughout the day. Meals were based upon their preferences and catered for any specialist dietary requirements.

People had access to health care professionals to make sure they received appropriate care and treatment to meet their individual needs.

Staff were kind and compassionate towards people. They engaged with them in a friendly manner and assisted them as required, whilst encouraging them to be as independent as possible. People and their family members were involved in planning their care. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Advocacy services were accessed to enable people to have a voice when this was appropriate.

Care plans were in place for people and were based upon their individual specific needs and wishes. They were reviewed and updated regularly, to ensure they reflected the most recent and up-to-date information regarding people's care. There were activities both inside and outside of the service to keep people occupied and stimulated. The service also had a complaints procedure in place, to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

The service was led by a registered manager with additional support from the deputy manager and care manager. There was an open and transparent culture within the service, which took account of people's and staff members views in order to ensure that the delivery of care was appropriate to meet people's needs.

We identified that the provider was not meeting regulatory requirements and was in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff had been trained in safeguarding and understood how to report any concerns regarding possible abuse. However, systems in place were not always followed which meant that appropriate action was not always taken to keep people safe from abuse or neglect.

Recruitment systems were in place to ensure staff were suitable to work with people. There were sufficient numbers of staff to meet people's needs.

Systems in place for the management of medicines assisted staff to ensure they were handled safely and held securely at the home.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service was not consistently meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.) People's consent to care was sought.

Staff were provided with regular training to develop their skills and knowledge to enable them to perform their duties effectively. However they were not always provided with regular supervision in line with the provider policy.

People were provided with choices of food and drink to meet their diverse needs.

People had access to health and social care professionals to make sure they received effective care and treatment.

Is the service caring?

Good ●

The service was caring.

There was a calm and friendly atmosphere within the home. People were treated with kindness and compassion and staff

engaged with them in a positive manner.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

People were able to make choices about their day to day lives and the care given was based upon their individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People, including their relatives, were involved in their care assessments and reviews of their care.

People who used the service were supported to take part in a range of activities in the home which were organised in accordance with their preferences.

Systems were in place so that people could raise concerns or issues about the service.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems to assess and monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment were not always effective as they had failed to highlight some areas of the service which required attention.

The service had a registered manager in place who was supported by other senior managers within the service.

People were encouraged to comment on the service provided to enable the service to continually develop and improve.

Oakfield (Easton Maudit) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 March 2016, and was unannounced. The inspection was undertaken by two inspectors.

As part of the inspection process the provider had been asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This form had only been requested prior to our inspection but the registered manager confirmed they would complete it and return it for our information. We also reviewed other information we had for this service and found that no recent concerns had been raised. We also spoke with the local authority to gain their feedback as to the care that people received.

We observed how staff interacted and engaged with people during individual tasks and activities.

We also spoke with seven people to determine how they viewed the service delivery. We also spoke with the registered manager and deputy manager, one cook, an art therapist and two care staff. In conjunction with this we also spoke with one senior carer and two ancillary staff.

We looked at five people's care records to see if they were accurate and reflected their needs. We reviewed four staff recruitment files, four staff supervision records, four weeks of staff duty rotas and training records. We checked seven medicines administration records and reviewed how complaints were managed. We also looked at records relating to the management of the service, including quality audits and health and safety checks to ensure the service had robust systems in place to monitor quality assurance.

Is the service safe?

Our findings

Potential safeguarding incidents had not always been reported to the local authority or the Care Quality Commission (CQC) by the registered manager of the service. We checked accident and incident records which had been completed appropriately, with clear actions having been taken to ensure the safety of the person involved. However, the records we reviewed showed that some incident reports involved injuries, such as a scratch to one person's face or person to person incidents of aggression. As these incidents were not reported to appropriate external organisations, it was not possible for them to investigate and take action to ensure that people were safe from avoidable harm or abuse. In addition, there was no evidence to show that potential safeguarding incidents had been analysed or used to identify trends which may indicate that abuse had taken place. This meant that people were not always protected from avoidable harm or abuse.

We discussed this with the registered manager and deputy manager who acknowledged our concerns, that if such incidents were not reported, people may not always be kept as safe as they could be. The deputy manager told us they would implement systems to ensure they were reported to the local authority and CQC in the future so that people were kept protected from the risk of abuse. Since our inspection they have liaised with the local authority to establish a process they can use to move forward with and have advised that action had been taken to ensure all notifiable events would be reported as required in future.

The provider had failed to ensure that there were systems in place to monitor incidents and accidents at the service, and ensure that they were reported to the appropriate external organisation. As a result of this, they had failed to inform CQC of potential safeguarding issues, as part of their statutory obligations.

Systems and processes were not operated effectively to ensure that people were protected from potential abuse. This was a breach of regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were safe living at the service. One person said, "I know I am safe." Another person told us, "I would report it to the staff if someone was not being nice to me." One person smiled when we asked them if staff kept them safe and nodded to acknowledge they felt secure with the support given by staff. All of the people we spoke with told us that if they did not feel safe, they would always feel able to tell a member of staff.

Staff members told us that they had received safeguarding training. They explained that this training helped them to understand the different types of abuse, and potential indicators that abuse may have taken place. Staff told us about the reporting process if they suspected abuse, stating that they would report concerns to the registered manager. When asked what they would do if thought someone was being abused a staff member told us, "I would report it to CQC." We then discussed that the initial referral should be to the local authority safeguarding team but if it was to CQC then we would inform them directly. Staff also told us there were whistleblowing procedures which they were prepared to implement if necessary.

Risks to people's health and well-being had been identified and fully assessed. Staff members told us that risk assessments were in people's care plans, and that they used these to ensure they took appropriate action to help keep people safe. The deputy manager told us that risk assessments were updated on a regular basis so as to take account of any changes within people's needs. In this way they could be assured that staff would provide care which took account of people's risks. We found that people had risk assessments which identified hazards they may face, for example, in moving and handling, nutrition, falls and skin integrity. These offered guidance and control measures to staff to manage potential risk of harm. Any identified risks were monitored on a regular basis. Where risks had been identified, guidance was given within care records to advise staff on how risks could be minimised.

The deputy manager showed us that there were general risk assessments in place, to ensure the environment was safe for people to use. This included areas such as electrical and fire safety. For example, we saw that each person had a Personal Emergency Evacuation Plan (PEEP) in place, to offer staff and emergency services specific guidance about how each person should be kept safe in an emergency. We found that the service had a business continuity plan in place in the event of an emergency situation arising. On the day of our inspection we observed this being implemented due to flooding within the local area which meant that staff on duty in the afternoon could not access the road leading to the service. A system was implemented to advise staff of the impact of the flooding and calls were made to alert them as to where to park their cars in the local village. Suitable vehicles were then used to transport staff to and from the service until the flooding had ceased.

Most of the staff at the service had been there for some time so we could not discuss the recruitment process with them. However, the deputy manager told us that no new staff member would be able to commence employment without the required checks having taken place. This included proof of identity, references, satisfactory Disclosure and Barring Service (DBS) certificates. The deputy manager also confirmed that the provider had recently made plans to ensure that all staff would be checked on a regular basis in respect of their DBS. Records confirmed that the provider maintained a safe recruitment process which in turn enabled people at the service to be supported by appropriate members of staff.

People told us there was enough staff on duty to keep them safe. Staff we spoke with were also satisfied with staffing levels in the home. The deputy manager confirmed that the allocated staff on each shift ensured an even mix of skills and experience in each area of the home. We saw on the day of our inspection that the planned numbers of care staff were on duty, supplemented with additional support from the deputy manager, care manager, catering, activity, administrative and maintenance staff.

People told us they received their medicines on time and that staff administered additional medication, including pain killers when they asked for them. One person told us, "I take my own medicines. I order them and get them myself as well." Another person said, "Yes, I get my tablets." We found that medicines were managed in a safe manner and observed that people received them in a timely manner, with support to understand what they took. Most medicines were administered through monitored dosage systems. Staff had systems in place to check the stock of people's prescribed medicines and could evidence if people had received their medicines.

Staff who administered medicines told us they were trained and their competency was observed by senior staff and we found evidence to confirm this. Medicines were stored securely in trolleys in a locked store room. There was also a medicine fridge which was kept at an appropriate temperature and we found records to confirm that regular checks were maintained. Controlled drugs stocks were checked by two staff to ensure medicines had been administered as required.

Is the service effective?

Our findings

Staff told us they were really well supported by the registered manager and deputy manager who were always on hand to offer advice and encouragement. One staff member said, "Yes we have regular supervisions and they are useful." However, another member of staff told us, "We have regular supervisions, we should have six a year, we are behind but we are able to discuss anything bothering us." Although staff felt well supported we found that some staff had not received regular formal supervision. For example, one ancillary member of staff had not received a recorded supervision since 2012 and the deputy manager had not received supervision since 2013. We discussed this with the deputy manager who acknowledged this and told us about their plans to address any supervision gaps. Despite these gaps in supervision, staff we spoke with were positive about the open door approach within the service and it was apparent that staff could access support when this was needed. We checked staff records and found that some supervisions had not been carried out regularly. Some staff members had only received one supervision in the past year which meant that staff were not always supported in their roles, and their performance was not always monitored to identify areas for development.

Staff were provided with induction training when they commenced employment. As part of our inspection we were not able to speak with a member of staff who had recently completed their induction, but we discussed the induction process with the deputy manager who told us that they had worked hard to bring this in line with the Care Certificate. We found information on all the modules within the Care Certificate displayed for all staff to review and found that changes had been made to the induction process to encompass this. The deputy manager confirmed that the induction ensured objectives were to ensure that staff were equipped with the necessary skills to carry out their role.

Staff also told us they received on-going training in a variety of subjects that were relevant to their qualifications and that supported them to meet people's specific and individual care needs. All staff told us that training gave them a good working knowledge of how to support people and enabled them to develop their skills. One told us, "We do a lot of training." Another staff member said, "Most training is with [Name of Training Provider] and I learn better face to face." We mentioned this to the deputy manager who said they would consider alternative ways to support staff who felt like this. We were also told, "I have worked here on and off for 16 years. I took time out when I had children. Have worked my way up. The board have just sent me on a leadership course to help me with the promotion. [Name of Registered Manager] is a very supportive manager."

Where appropriate, staff were supported to undertake additional qualifications that not only benefitted them but the delivery of service as well; for example, Qualification Credit Framework (QCF) Level 2 and 3. The deputy manager told us he was completing Level 5 and records confirmed this. Training records evidenced that staff had completed training on a range of topics, including; safeguarding, Mental Capacity Act (MCA) 2005, fire safety and medication. Staff training was monitored in order to remind staff when refresher training was due. Staff received the necessary training to update and maintain their skills to care for people competently.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff members told us that they were aware of the principles of the MCA, and applied it to their role if they suspected that people may lack the mental capacity to make decisions for themselves. They told us that they did this to ensure that any decisions made on a person's behalf, were in their best interests. Within the care records we found that there had been a consideration of people's mental capacity to ensure they received the right care and support to maintain their health and wellbeing. However, information was not always transferred into peoples' care plans, meaning that when people were considered to have variable capacity, there was limited guidance for staff as to what areas each person had the ability to consent to and what areas they did not.

People's records demonstrated that there was a lack of consistent application of the MCA, which meant that decisions were not necessarily being made in people's best interests. For one person, there was no record of how the person's mental capacity had been assessed, or of any discussion with the person's family. In some cases, there were no mental capacity assessments, apart from a financial one, to demonstrate that the person had been unable to make the decision for themselves, or evidence that a best interest's process had been followed, when making a decision on people's behalf. This showed that the principles of the MCA had been applied in some cases but not all.

The deputy manager told us that DoLS applications had been submitted for some people living at the service. Records contained copies of authorisations raised to deprive people of their liberty, although these had not yet been actioned by the relevant local authorities. The deputy manager advised us that they would chase these up on a regular basis and document their attempts to do so.

People told us that staff always sought consent from them before they received any support or intervention and our general observations confirmed this. Staff told us that they always asked people what they wanted before doing something to ensure they were in agreement. One staff member said, "We gain consent and give choices in everything." During our inspection we observed staff asking people if they were happy to move from one room to another or to undertake an activity and they always gained consent before undertaking any action.

People told us that they always had sufficient amounts to eat and drink. One person told us, "I do my own food shopping as I am Coeliac." We discussed this and it is through choice as they were previously residing in supported living and will soon be moving on to a new build. They felt that this enabled them to keep their independence. Another person said, "Yes, the food is nice." People told us that nutrition was also discussed at resident meetings so that everyone had a say in what was served to them. We observed choices of menu option being given to people during our inspection and heard the cook and staff ensure that people were happy with their choice of meal. Staff had a good understanding of people's dietary preferences and understood how to keep people safe by following specific dietary instructions based upon dietician or speech and language therapist guidance. Breakfast and lunch time was a very social experience, with lots of cheerful interaction taking place between staff and people.

People had nutritional assessments completed to identify what food and drink they needed to keep them

well. We saw that staff monitored people's weight on a regular basis and that care plans were updated when their nutritional needs changed in order to maintain an oversight of people's individual weights. We found that menus were well balanced and included fresh fruit and vegetables, reflecting people's individual tastes and specific dietary requirements. We were told and saw that menus were planned in advance over a four week period. Staff told us a different meal was available for people every day and that if a person did not want what was on offer, a range of alternatives were available.

People were supported to access other services, such as the local hospital, optician, dietician or dentist. Staff told us that they supported people to attend required appointments and we found they were swift to act when people's care needs changed. Records confirmed that staff shared the information with each other and relevant professionals to ensure people's needs were met. People therefore had access to healthcare services to further support their general health and well-being.

Is the service caring?

Our findings

People were happy with the care they received from staff. One person said, "Staff are nice, they look after me." Another person said, "Staff are nice." One person told us how much staff had supported them and worked hard to promote their independence. They said, "I am only here temporary, I am moving into new place when it is finished." Relatives had given positive feedback about the support their family members received and commented in written feedback that staff were kind.

People told us that they were supported by staff with kindness and compassion. They also said how much they thought of the provider who made an effort to communicate with them when they visited the service. We observed that the registered manager and deputy manager knew people's names and interacted with them on a personal level, making them feel at ease and sharing a laugh and a joke.

One person liked to spend time in their room because they had it just as they liked it. Staff had encouraged them to have personal possessions and items that they cherished and that this had made their room like a, 'Home from Home'. This person took great enjoyment in showing us their room. This was a positive example of how staff had worked to create a comfortable and happy feeling for this person.

People told us that they always felt involved in their care and were supported by staff to make their own decisions. They confirmed that they were enabled to remain independent, for example by choosing what time to get up, have their breakfast and how to spend their day. We saw that people chose how to spend their time within the home and that staff respected this. We observed that care was made individual because people and their relatives had been involved in relevant decisions.

We saw lots of positive interactions between staff and people who used the service. There was friendly conversation and we heard lots of laughter. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. Staff were a constant presence in the communal areas, also monitoring those people who remained in their rooms so that care could be delivered when it was needed. One person told us they enjoyed spending time in their room because they liked the quiet but that when they needed staff they would always come. When instant support could not be given, staff responded positively and provided an explanation for the delay and ensured they returned as quickly as possible. When asked for assistance, staff completed requests with a smile.

We spoke to the deputy manager about whether advocacy services were available and were told that the service used the services of an advocate for some people. We saw that there was available information on how to access the services of an advocate. Records confirmed that various advocate services were available for people to use to ensure that their views within making decisions were listened to.

People told us that staff always worked with them to maintain their privacy and dignity. We asked them how and they explained that staff covered them when providing them with personal care and did not discuss their needs with anyone else. The staff members we spoke with had a clear understanding of the role they played in making sure people's privacy and dignity was respected. Staff told us that they maintained

confidentiality at all times, worked hard to ensure records were kept secure when not in use and made sure that they did not discuss a resident in front of other residents. We observed that staff knocked on people's bedroom doors and bathrooms and waited to be invited in before entering. We also saw staff treating people with dignity and respect and being discreet in relation to personal care needs. When staff entered the lounge area, they would always enquire after people and make sure they had everything they needed.

Is the service responsive?

Our findings

People received person-centred care that was based upon their needs and wishes. The deputy manager explained to us that most people had lived at the service for some years but that before they had been admitted, an initial assessment of their needs would have been carried out. This process was used to determine any areas in which people required specific care or support, and also to provide staff with information about what people was capable of doing for themselves. From the information gained from the initial assessment, care plans were produced, to help guide staff in providing care for each new admission. Records confirmed that pre-admission assessments had been completed so as to guide staff in the delivery of appropriate care.

People told us that they received the care they needed to ensure their needs were met. They also confirmed that they were regularly asked for their views about how they wanted their support to be provided. Staff told us that it was detailed within people's care plans how they wanted their care and treatment to be provided and records confirmed this. It was evident during our conversations with staff, that they had a good awareness of people's needs, for example, what people enjoyed doing or what they liked to eat. Care plans were reviewed on a regular basis and updated as and when people's needs changed so they remained reflective of people's current needs. They were linked to other appropriate documents in people's care records, so that staff could be assured as to the correct delivery of care a person required. For example where a person was diabetic, the care plans linked in with care plans for nutrition, skin integrity and mobility. This ensured that people received the most appropriate care to meet their needs.

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. Staff told us that any changes in people's needs were passed on to each other via an electronic care management system (CMS) and daily handovers. Communication books were used to liaise with providers of day care or other activities outside of the home.

People were supported to undertake a range of activities based upon their individual needs, and in accordance with their abilities. We looked at records which detailed when people had taken part in an activity and saw that there was a schedule of planned activities for people to participate in if they wished. On the day of our visit we observed an art and craft session with people creating paintings based upon an Easter theme. This was well received by people who joined in with great positivity, smiling to show their enjoyment. We found that some people attended day centres, whilst others preferred to spend time in a gardening based project run by the provider, whereby they could engage in gardening and animal care. Another person volunteered at a local country park and someone else enjoyed cleaning so staff had devised a schedule whereby they could be supported to do this on a regular basis. We observed them doing this and it was evident they took a great deal of pride from this. When people chose not to engage in group activities of their choice, the activity coordinator told us that they would undertake one to one sessions with people with time spent talking about subjects of choice; reading the newspaper and anything that people wanted to engage in.

People we spoke with were aware of the formal complaints procedure, which was displayed within the

service, and told us they would tell a member of staff if they had anything to complain about. One person said, "If you are not happy about anything you just have to mention it." Another person told us, "You can chat to anyone [staff] if you are not happy but I have not had any concerns." People told us the registered manager or provider always listened to their views and tried hard to address any concerns and we saw from the records that actions had been taken to investigate and respond to the complaints. Staff and the registered manager told us that they felt it was important to use complaints to make the service better for everybody and to drive improvement. They understood the value of documenting any concerns raised with them from people or their visitors. We saw that the registered manager took concerns seriously and documented anything that was raised with staff so that it was apparent how an investigation had been conducted. There was an effective complaints system in place that enabled improvements to be made.

Is the service well-led?

Our findings

The registered manager and deputy manager told us that frequent audits had been completed in areas such as medicines administration, health and safety, fire safety and environmental audits. They told us these were important in making sure that the service given to people was of good quality. We saw that maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, we saw that actions had been identified and completed. However in some instances, we found that although the service had monitoring systems in place, these had not been used as effectively as they could have been; for example, in respect of monitoring of accidents and incidents and whether these should be raised as potential safeguardings. We found that despite the service having had a full health and safety audit completed in December 2015, no action had been taken to implement dates for completion of required the action points. In addition to this we also identified that there had been not been consistent managerial oversight of staff supervision to ensure that all staff had received regular supervision in line with the provider policy.

The deputy manager told us that there were procedures in place to obtain people's views and monitor and improve the quality of the service provided. Questionnaires were sent to both staff members and each person who used the service to request that they and their relatives comment on how the service was performing. However, we found that the most recent survey had been sent out in 2015, with feedback being received by the service in October 2015. As yet, nothing had been done to determine an overview of the feedback received. We spoke with the registered manager about this and they said that they had yet to undertake an analysis of the results to determine what any action was needed on any areas that had been highlighted as requiring improvement. This meant that any areas that required prompt attention would not have been dealt with in a timely manner and had not benefitted from having managerial oversight. This demonstrated that the mechanisms in place to ensure quality delivery of care were not always applied as effectively as they could have been.

The registered person had not consistently implemented effective systems or processes to assess, monitor and improve the quality and safety of the services being provided. This was a breach of regulation 17 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the deputy manager and registered manager about these areas and were told that the health and safety audit would be discussed within the next week so that any required action could be prioritised. The deputy manager also told us that they would work to identify the areas that they could improve upon so that they could drive forward service improvement for the benefit of the people who lived at the service. Since our inspection we have received an action plan detailing the additional audit checks that the service intends to implement to improve service delivery.

People knew who the registered manager was. We were told that the registered manager and the deputy manager were visible presences on the units and welcomed the opportunity to engage about a variety of matters on a frequent basis. People were also positive about the staff, the management and the way in which the home was run. Staff told us that the registered manager was approachable and supportive; they

said they felt happy to speak with her both openly and in confidence. We saw that the registered manager addressed all people by their preferred name, as detailed within their records, which demonstrated they knew the people using the service. We found that the registered manager was supported by a deputy manager and the two worked in conjunction with each other in the running of the home.

All the staff we spoke with told us that they understood their individual responsibilities. They said that the registered manager and deputy manager both had an 'Open Door Policy' and they could talk to them at any time. We saw that staff were able to contribute ideas and ways to improve and develop the service.

We found that there was leadership in place at the service which encouraged an open culture for staff to work in. None of the staff we spoke with had any issues or concerns about how the service was being run and were positive about the leadership in place. They acknowledged that the service had recent issues but also explained how they wanted to work together to address these and ensure the service provided good quality care. We found staff to be motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

The deputy manager told us that there were regular meetings held between staff. Staff told us that meetings were a useful learning tool for them and enabled them to share any concerns or discuss issues which affected people. We also saw that regular meetings were held for the people who lived at the service, with minutes being in pictorial format to enable people to review them easily.

Through our discussions with the deputy manager we found that the service understood the key challenges that they faced. Staff told us that it was important that they considered how the service needed to be developed in order to meet people's care needs and to continue improving. The registered manager and deputy manager told us that they wanted to provide good quality care and through our discussions, it was evident that all staff were working to improve the service provided and to make the people who lived at the home as happy and comfortable as possible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not operated effectively to ensure that people were protected from potential abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not consistently implemented effective systems or processes to assess, monitor and improve the quality and safety of the services being provided.